



COVID - 19 VACCINATION CLIENT DEMOGRAPHIC INFORMATION

QUESTIONS

If you have any questions about the COVID-19 disease or the vaccination, please ask the nurse for clarification now or call your doctor before requesting the vaccine. If you have any questions or concerns following the vaccination, please call the MC VNA at 800-852-1232. If you experience any adverse effects from the vaccination, please contact your physician and notify MC VNA.

CLIENT INFORMATION

Legal Name (as it appears on card) ☐ M ☐ F Birthdate (MM\DD\YYYY) Age Weight (if < 110 lbs)

Street Address / Apt. No. City State ZIP Telephone

Client has the following insurance plans with VACCINE COVERAGE?

☐ HAP (except CIGNA)

☐ Medicare Part B

☐ PHP

☐ Aetna

☐ BCBS

☐ BCN

☐ Priority Health

☐ United

☐ Not Listed, Please Specify:

☐ Clinic Paid

Insurance Enrollee ID*

Responsible Party or Cardholder Name

Responsible Party Birthdate

*(Enrollee / Subscriber / Member / Contract ID)

Signature of Client/Guardian

Date

Email Address

*We will bill your insurance for the administration of the vaccination. You will not receive a bill.

☐ Right Deltoid IM

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For Office Use Only:

Clinic Name

Date

☐ Billed

☐ AR

☐ MCIR